

POLITICAL COMMITTEE AFFIDAVIT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Dissolution" **

1 COMMITTEE NAME

Enrique M. Barrera Campaign

2 ACCOUNT #

(Ethics Commission filers)

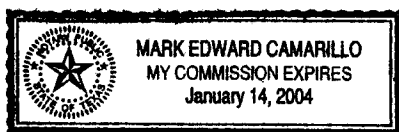
3

Affidavit of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Leticia A. Barrera
Signature of campaign treasurer

DO NOT SIGN UNLESS
POLITICAL COMMITTEE IS TO BE DISSOLVED



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leticia Barrera, this the 14th day of Sept., 20 01, to certify which, witness my hand and seal of office.

Mark Edward Camarillo
Signature of officer administering oath

Mark Edward Camarillo
Printed name of officer administering oath

Notary
Title of officer administering oath




CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>1 of 5</u>
3 COMMITTEE NAME <u>Enrique M. Barrera</u>	OFFICE USE ONLY
4 TREASURER NAME FIRST <u>Leticia</u> MI <u>G.</u> LAST <u>Barrera</u>	Date Received
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Hand-delivered or Date Postmarked
6 ORIGINAL PERIOD COVERED Month Day Year Month Day Year <u>07/01/01</u> THROUGH <u>09/14/01</u>	Receipt # Amount Legal Totals Date Processed Date Imaged
7 EXPLANATION OF CORRECTION	<u>Rent for campaign headquarters was not included as no invoice was received.</u>

8 AFFIDAVIT <div style="border: 1px solid black; padding: 5px; text-align: center;">  MARK EDWARD CAMARILLO MY COMMISSION EXPIRES January 14, 2004 </div>	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, that I did not intend to violate a reporting requirement when I filed the original report. <u>Leticia G. Barrera</u> Signature of Campaign Treasurer
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me by <u>Leticia Barrera</u> this the <u>14th</u> day of <u>Sept.</u> , 20 <u>01</u> .	
to certify which, witness my hand and seal of office.	
<u>Mark Edward Camarillo</u> Signature of officer administering oath	<u>Mark Edward Camarillo</u> Printed name of officer administering oath
<u>Notary</u> Title of officer administering oath	

**Remember to Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 2-2 of 5	
3 COMMITTEE NAME Enrique M. Barrera Campaign				OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237		Date Received	
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Mrs. Leticia G.		Receipt # Amount	
		NICKNAME LAST SUFFIX Barrera		Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6435 Buena Vista San Antonio, TX 78237			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (210) 432-2431			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 7 / 1 / 01 09 / 14 / 01			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5 / 5 / 01			

GO TO PAGE 2



SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

Enrique M. Barrera Campaign

ACCOUNT #
(Ethics Commission filers)

13 COMMITTEE PURPOSE

(Attach lists on plain
paper to complete this
report if necessary.)

☒ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

Enrique M. Barrera Campaign

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

City Council, Dist. 6

☒ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

14 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 1500-

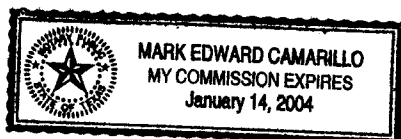
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.



Leticia M. Barrera

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Leticia Barrera, this the 14th day
of Sept., 20 01, to certify which, witness my hand and seal of office.

Mark Edward Camarillo

Signature of officer administering oath

Mark Edward Camarillo

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 (4 + 5)

2 FILER NAME

Enrique M. Barrera Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

07/01/01

5 Payee name

Ithaca Investments

6 Payee address;

City; State; Zip Code

7121 Hwy. 90; San Antonio, TX 78227

7 Amount (\$)

1,500-

8 Purpose of payment (See instructions regarding type of information required.)

Rent for Headquarters through election

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Enrique M. Barrera

City Council
Dist. 6

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

